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PTO/SB/81 (11-96)

Approved for use through 6/30/99. OMB 0651-0035

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT,
NOT ACCOMPANYING
APPLICATION**

Application Number	
Filing Date	7/24/01
First Named Inventor	TOWNSEND
Group Art Unit	
Examiner Name	
Attorney Docket Number	1024-038

I hereby appoint:

☒ Practitioners at Customer Number

26542

Place Customer
Number Bar Code
Label here

OR

☐ Practitioner(s) named below:

Name	Registration Number
James M. Leas	34372

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

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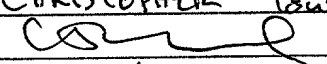
<input type="checkbox"/> Firm or Individual Name	James Marc Leas			
Address	37 Butler Drive			
Address				
City	S. Burlington	State	VT	ZIP 05403
Country	USA			
Telephone	802 864-1575	Fax	802 864-9319	

I am the:

☐ Applicant.

☐ Assignee of record of the entire interest
Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name	CHRISTOPHER TOWNSEND
Signature	
Date	7/24/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/01 (11/99)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT, NOT ACCOMPANYING APPLICATION

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Name	Registration Number
James M. Leas	34372

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OR

<input type="checkbox"/> Firm or Individual Name	James Marc Leas		
Address	37 Butler Drive		
Address			
City	S. Burlington	State	VT
Country	USA		
Telephone	802 864-1575	Fax	802 864-9319

I am the:

☐ Applicant.

☐ Assignee of record of the entire interest
 Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name	STEVEN W. ARMS
Signature	<i>Steven W. Arms</i>
Date	7/24/01

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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0851-0032

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:

☐ Customer Number
or Bar Code Label**26542**OR ☐

Correspondence address below

Name

JAMES M. LEAS

Address

37 Butler Drive

Address

City

S. Burlington

State

VT

ZIP

05403

Country

USA

Telephone

802 864-1575

Fax

802 864 9319

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

CHRISTOPHER

(first and middle (if any))

Family Name

TOWNSEND

or Surname

Inventor's
Signature

Date

7/24/01

Residence: City

SHELBURNE

State

VT

Country

USA

Citizenship

USA

Mailing Address

679 WEBSTER RD

Mailing Address

City

SHELBURNE

State

VT

ZIP

05482

Country

USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

STEVEN

(first and middle (if any))

Family Name

ARMIS

or Surname

Inventor's
Signature

Date

7/24/01

Residence: City

Williston

State

VT

Country

USA

Citizenship

USA

Mailing Address

22 Brookside Drive

Mailing Address

City

Williston

State

VT

ZIP

05495

Country

USA☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing
OR
☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 1024-038

First Named Inventor Townsend

COMPLETE IF KNOWN

Application Number /

Filing Date 7/24/01

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Temperature Compensation Circuit for
Inductive Sensors

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/220,364	07/24/2000	

[Page 1 of 2]

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